

## Alabama Board of Physical Therapy

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### **Board Staff:**

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### **From the Chair:**

Since my five-year tenure on the Board ends this October, I wanted to take this opportunity to thank the other members of the Board for entrusting this position to me.

When I began my PTA career in 1984, I never, ever dreamed that I would have the opportunity to serve the public, the profession, and my fellow colleagues as I have been able to do this past year as Chair of the Alabama Board of Physical Therapy. It has been a pleasure to serve with these outstanding individuals.

I also want to thank my husband Bob and my family for putting up with my "living, breathing, and eating physical therapy." As many of you know, my husband who was diagnosed with COPD in 1987, is experiencing increasingly ill health. Nevertheless, he has been willing to sacrifice time with me to allow me to serve the public and the physical therapists and physical therapist assistants of this state. I consider it a great honor to have been able to do so.

For this honor, my thanks must go to the many mentors I have had over the years beginning with my days in PTA school at UAB. I well remember the many long hours I spent learning about the profession of physical therapy from Bob Harden, Dot Pinkston, Marilyn Gossman, Betty Denton, Betty Canaan, and other faculty members. These individuals and so many others, singularly and collectively, helped shape my professional conduct.

I cannot leave the Board without publicly thanking our Staff and AGO representative! Sheila Wright, our administrative assistant, has been very helpful in assisting Board members in any way she could. Sometimes she has served as "gofer" and sometimes as confidante. Steve Dodd, our Attorney General Representative, has kept us – and me! – out of hot water many times!

Last, but certainly not least, I must thank Kathryn Brown. "Kat" served as Board Executive Secretary when I graduated from PTA school in 1984. To my knowledge, there has been no one else who has served in this position. At some point the title was changed to Executive Director. It is to Kathryn, most of all, that I and every PT and PTA licensed in Alabama, owe a debt of gratitude. Simply said, we could not do our jobs without her!

Jeannie Box, PTA

### **Cross-Training Physical Therapy Personnel:**

During the past few months, I have received several calls from PTs and PTAs regarding specific roles of professional conduct. The issue of cross-training physical therapy personnel in particular seems to be problematic for licensees at this time.

At our August 7, 2003, meeting, the Board discussed this issue at some length. Licensees, primarily PTAs, reportedly are being asked to “help patients with gait, transfers, ROM qid, take patients to the bathroom, give patients a bath, empty bedpans, take blood sugars, pass out food trays” etc. under the supervision of nursing. PTs are being asked to perform functional capacity evaluations for patients without a physician’s referral after a screening by nursing staff that identifies certain “triggers.”

**Section 34-24-217 (9) (1975)** indicates that PTs and PTAs may not “treat or undertake to treat human ailments otherwise than by physical therapy as defined in this article.” Any treatment of patients other than by physical therapy must be accomplished by someone other than one licensed as a physical therapist or physical therapist assistant. For practical purposes of implementing and enforcing this statute, the Board has ruled that:

When a person, whose title in a facility or position with an employer is that of PT or PTA, touches or handles a patient in the course of his/her duties in that facility or with that employer, those actions would be considered to be physical therapy. These actions would therefore need to be performed in compliance with the Practice Act and Rules.

In the future, the Board will follow a “bright line” approach – one that is very clear and to the point – on these and similar issues. What this means for the licensee is that touching or handling a patient, i.e. ambulating, transferring, etc. a patient equates to physical therapy treatment. Therefore, in order to work with that patient:

- A physical therapist must have a referral to evaluate that patient
- A physical therapist assistant must have a PT evaluation and proper direction to treat that patient

**Section 34-24-210 (C)** does provide an exception to this rule in that if an individual PT or PTA also holds a license or certificate in the field in which services are to be performed, he/she would be able to provide those services. For example:

- A physical therapist who also holds an occupational therapist license may perform occupational therapy services
- A physical therapist assistant who also holds a massage therapist license may also perform massage services.

Questions and/or comments regarding this issue and Board Rule can be addressed to the Board office.

### **CAPTE Update:**

The July 2003 issue of the CAPTE Accreditation Update contains several interesting highlights:

- **Evaluative Criteria for the Educational Preparation of Physical Therapists:**

Revision on the current Evaluative Criteria for the Educational Preparation of Physical Therapists has begun. Following review and approval by CAPTE, the new Criteria are scheduled to become effective January 1, 2006. These Criteria are based on the Normative Model of Physical Therapist Education which is also being revised.

Drafts of the proposed revisions are to be circulated in January 2004 and again in May 2004. Should a third draft be required, the timeline for them to become effective would be adjusted. Questions and/or comments regarding the proposed criteria should be directed to the CAPTE.

- **Reauthorization of the Higher Education Act (HEA):**

In response to the upcoming reauthorization of the Higher Education Act (HEA), CAPTE is asking the physical therapy community to be aware of the issues surrounding accreditation. The outcome of HEA reauthorization discussions will most probably have a direct effect on CAPTE’s expectations, and subsequent accreditation, of PT and PTA programs. Two likely effects include:

- Increased use of evidence regarding student outcomes (CAPTE is currently developing a uniform outcomes assessment process)
- Increased expectations for public disclosure of accreditation findings

- CAPTE Spring Business Meeting:

At its Spring 2003 business meeting, CAPTE adopted definitions, positions and changes in their Rules of Practice and Procedure. One Position of particular interest was adopted in response to CAPTE's concern that some programs are granting DPT degrees to unlicensed individuals in transitional DPT or other post-professional programs.

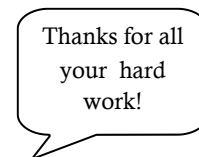
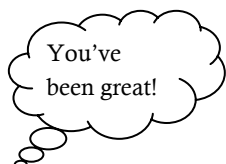
CAPTE does not accredit post-professional programs. Therefore, the public and licensing boards cannot be assured that applicants for licensure who have been granted the same degree as that granted by an accredited program have a substantially equivalent education. This Position is undergoing a formal adoption process and should be available for publication later this year.

- Declining Number of PT and PTA Programs: The overall number of PT and PTA programs continue to decline after a short period of stabilization. Although this decline appears to be affecting primarily the physical therapist assistant community, there has been a closure of one physical therapist program. Even with the decline in numbers, PTA programs continue to outnumber PT programs. As of July 1, 2003 the current figures were:

<u>CAPTE Figures:</u>	<u>Accredited:</u>	<u>Developing:</u>	<u>Totals:</u>
<u>US PT Programs:</u>			
MS/MPT	128	1	129
DPT	76	5	81
<u>Non-US PT Programs:</u>			
Canadian:	1		1
International:	2		2
<u>PTA Programs:</u>	<u>250</u>	<u>2</u>	<u>252</u>
<b>Totals:</b>	457	8	465

Additional information regarding the accreditation process is available from CAPTE.

From the desk of  
Olivia J. Box, PTA



## Liar, Liar Carrier's on Fire!



The Alabama State Board of Physical Therapy fully supports the Federation of State Boards of Physical Therapy's legal actions against physical therapists found guilty of cheating on their national physical therapy examinations. Apparently, a number of our not-so-smart but crafty physical therapy students were caught sharing recalled and memorized exam questions, in addition using the International Educational Resource (IER) web to help them succeed. According to the FSBPT, a thorough investigation is under way and individuals caught will be prohibited from taking the NPTE, and individuals who have already received licensure will have their state licensing boards notified so that appropriate disciplinary action may be taken.

The FSBPT has already taken immediate action to stop this illegal activity, and has been working with the NPTE to remove test materials from the web. According to Nancy Dusse, Director of Marketing, FSBPT, the Federation had concerns with the fluctuations in the 2000 NPTE pass rate which resulted in first time graduates achieving a 79% pass rate. However, following the conversion from classical test theory methodology to item response theory (IRT) methodology, the pass rate for the first time U.S. CAPTE-accredited graduates increased to approximately 91%. The forecast is a return to the high 70's or low 80's for 2003. As a result of these findings, the FSBPT has initiated a lawsuit against a recently licensed physical therapist for copyright infringement, a violation of the federal copyright act.

Blair Packard, President of the FSBPT, said that "This issue goes to the heart of what public protection is all about. Our members want to know that individuals they license have the right moral fiber to serve in this profession and that they can be entrusted with the responsibility of treating patients". It was also stated that physical therapy students are risking their careers by participating in these illegal activities. They stand to lose their ability to receive an academic degree because of ethics violations, their ability to sit for the NPTE, their professional license, and their ability to practice in physical therapy, not to mention the possibility of being subjected to legal action by the Federation for violation of the federal copyright law. You can rest assured that the Alabama State Board of Physical Therapy will respond promptly and appropriately to any violations of the law.

Wiley J. Christian III, P.T.



Please remember to notify the board if you have a change of address.

**Alabama The Beautiful**

A great place to visit  
The best place to live!

## FOREIGN EDUCATED PHYSICAL THERAPISTS (FEPTs)

As part of the Board's function of providing public protection through the regulation of the practice of physical therapy, the Board ensures that licensees have completed appropriate education. For licensees educated within the United States, the board requires that they graduate from an educational program approved by the Commission for the Accreditation of Physical Therapy Education (CAPTE). CAPTE does not accredit educational programs outside the United States but the physical therapy practice act requires FEPTs to have substantially equivalent education to a domestically trained PT. To accomplish this, the Board Administrative Code has listed the required hours of professional education for the FEPT in the areas of basic health sciences, clinical sciences, and clinical education. As of January 2003, CAPTE now requires all physical therapy education programs to be at a Masters degree level. This change increased the amount of professional education that domestically educated PTs were required to have, and in the last six months the Board has made corresponding changes to the required education of FEPTs. The required professional education for the FEPT has increased from 62 semester hours to 93 semester hours and the specific breakdown can be found in the current Administrative Code.

Another requirement for FEPTs is that they take and pass the Test of English as a Foreign Language (TOEFL), the Test of Spoken English (TSE), and the Test of Written English (TWE). Recently, the Board has been asked by specific individuals, employers, and organizations to reconsider and lower the score it requires for the TSE. The company who developed and holds the copyright to the TSE has developed a tool and a process to help institutions choose an appropriate passing score. The Board is in the process of using this tool to reconsider the current required score by convening a standard-setting panel and bringing in an English as a Second Language professional to serve as the Panel Facilitator. Any potential changes to the rule on TSE passing score will be submitted according to the Administrative Procedures process.

John Cormier, P.T.

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## PTA NOMINATIONS

Nominations were received and recorded May 17, 2003, for one of the PTA positions on the board. The board requested and received nominations from District 2. Rules allow for at least five nominees for board positions, however we received only two. The nominees are Mitzi C. Watson, Headland, AL, and James F. Johnston, Jr., Eufaula, AL. Both are well-qualified and willing to serve should they be appointed by the governor. The five-year term will begin October 6, 2003.

Olivia J. (Jeannie) Box has served a five-year-term on the board and will be vacating that position because she is not eligible for reappointment due to district representation. Jeannie has always been active in all aspects of the physical therapy profession. Her pursuit of keeping up with current laws and events affecting physical therapy has been a wonderful asset to the board. Her absence will leave a large gap for us to try to fill. However, she will remain active in the profession and will continue as an educator at Jefferson State Community College.

Jeannie, thank you for all you have done during your years of service on the Board of Physical Therapy. Your commitment has been obvious. We hope the extra time you will now have will be filled with happiness and contentment.

Kathryn Brown, Executive Director

**ALABAMA BOARD OF PHYSICAL THERAPY**  
**DISCIPLINARY INVESTIGATIONS AND ACTIONS**

The Board has a three-tier system of discipline. The **lowest level** of sanction involves the placing of a *letter of admonition* in a licensee's permanent file.

The **intermediate level** of sanction involves the licensee entering into a *guilty plea agreement* with the Board, either prior to or following a formal or informal hearing. A licensee who pleads guilty may be required to pay a fine, or be subjected to a period of license suspension, or both.

The **highest level** of sanction involves a finding of guilt after a *formal administrative hearing*. This level of sanction includes a fine and/or license suspension, and may include license revocation.

Disciplinary actions are matters of public record. In addition to being included in a licensee's permanent file, disciplinary actions are also published in the Board's semi-annual newsletter. Licensees who either plead guilty, or who are found guilty after either an informal or formal hearing, have their names and the nature of their discipline published in the Board's newsletter. With a letter of admonition, only the nature of the disciplinary action is published.

In keeping with this policy, the following is a list of the Board's disciplinary actions since the last newsletter:

<u>Case No.</u>	<u>Name</u>
02-01-13	James Brasher, PTA
Allegation:	unprofessional conduct for failing to maintain accurate patient records
Disposition:	informal settlement of charges, whereby licensee voluntarily entered guilty plea and agreed to payment of \$250 fine
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03-02-07	Van Dailey, PT
Allegation:	practicing physical therapy without a physician referral; unprofessional conduct in misrepresenting employer
Disposition:	informal settlement of charges, whereby licensee voluntarily entered guilty pleas and agreed to 30-day suspension of license and payment of \$2,000 fine

Steve Dodd, Assistant Attorney General